

examination, a container which has been rendered sterile by boiling should be used, in order that the discovered germ may be traced to its true source. Specimens should be clearly labelled; in the case of milk or water, giving the source of supply, the name of the patient or community, the date, etc. It should be remembered that in a pathological laboratory there are many specimens awaiting examination.

In combating the fly, the removal of all putrefying substance is of great importance. Flies congregate near bodies of water, rivers, lakes, docks, etc. They are attracted to all decayed matter, both animal and vegetable, from contact with which they take up millions of harmful bacteria which they leave behind when travelling over a clean area. They are capable of inoculating the human body, and of contaminating food taken into the body. Knowledge of the habits and character of the fly should do more than fill us with horror. The warning thus given should be as the gauntlet thrown down, a call to open, energetic conflict. Every citizen has the right to demand the only remedy: community cleanliness, good sanitation.

SOME OF THE NEWER METHODS OF MEDICAL NURSING *

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As the head nurse of a medical ward in one of our large city hospitals came on duty one morning, an old Irishman beckoned to her, and with the air of one who had an important communication to make confided the fact that he thought it his duty to tell of the dreadful things that the night nurse did. Why, for one thing, she opened the windows to let the night air in, as if every one didn't know that you should never breathe night air. But that was not the worst thing she did—oh no! For she actually left some of the patients, and the sickest ones too, out of doors at night!

Poor Patrick's faith was sorely tried when he found that such dreadful practices were not only to escape condemnation but were to be highly commended; for it is by this method, known as the fresh-air treatment, that several of our foremost physicians are treating their fever patients, especially those with pulmonary diseases. Modern

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methods make medical nursing peculiarly interesting for the nurses, since so large a share of responsibility rests with them for the intelligent fulfilment of prescribed treatment.

Among the newer methods one of the most interesting, and certainly the most radical, is this fresh-air treatment. In some instances large balconies have been built, connecting with the ward, or, where it has been practicable, the roof has been utilized and the patients kept out of doors practically all the time, except in the most extreme weather, when a driving snow- or rainstorm has made it impossible to protect them. When the weather is warm enough, irrigations, packs, etc., and in some cases even tub baths are given out of doors. But as a rule the patient is brought in for any necessary treatment, and each morning for a bath and to have the bed made. In summer the bed-making is a simple task, but in winter it is a different matter, for the question of keeping the patient both comfortable and warm requires considerable thought. The weight of the bedding necessary to keep the patient warm is sometimes uncomfortable, and is always a matter for serious consideration in the case of patients who may be in bed some time. This difficulty may be largely overcome by a simple device in making the bed. Between the mattress and the rubber sheet is placed a large blanket, which, together with the ordinary bedding, is rolled up instead of being tucked in, and rests upon the sides and foot of the bed, thus making a roll several inches high to support the extra bedding. Over this any number of blankets may be placed, and tucked in firmly under the mattress. During the winter the patients have had extra woollen blankets between the sheets, and hot-water bags at their feet. Very excellent electric heaters are made for the bed, but owing presumably to the expense, they seem to be used but little. Some hospitals, however, are using these heaters for the babies' cribs, and find them very satisfactory, since by this means a uniform temperature may be maintained.

A very good protection for the head of the bed on windy days may be made with a draw-sheet, which is fastened to the top of the bed and pinned to the sides of the mattress, or a shawl may be wrapped about the patient's head and shoulders.

One thing which is very noticeable in the treatment at all our hospitals is the large amount of water used both externally and internally. Baths and irrigations of all kinds are more and more extensively used; and, especially in fever cases, a great deal of water is given the patients to drink. This last should be given with as much regularity as nourishment or medication.

In the care of enteric fever, the question of nurses becoming infected is a serious one. Recently a doctor at the head of a large institution in a middle western city, while visiting a New York Hospital, asked what proportion of the nurses there had typhoid, stating that at his hospital there was an average of one nurse infected to every thirty patients. In another large hospital, with a very active medical service, four per cent. of the whole number of nurses, or one in every twenty-five, have typhoid during their training. This, when compared with the experience of the leading schools, seems to indicate either great carelessness or surprising ignorance.

As evidence of the results of proper precaution, the case of one of the most prominent and up-to-date schools in New York may be cited. Though many cases of typhoid have been treated, for over a year and a half not one case of infection has occurred among the nurses. This excellent record is primarily due, it is believed, to the following methods in force: The nurses wear gowns which entirely cover their uniforms, and, in addition, rubber gloves are always used for irrigations, enemata, etc. These same precautions are used elsewhere with equally good results. With intelligent instruction to the younger nurses about the precautions to be used, and strict enforcement of rules, it does seem as if a case of infection need occur but rarely.

Year by year more attention is paid to diet, and the present-day nurse has need of a very thorough knowledge of dietetics. She must understand perfectly the preparation of food, and know how to vary the monotony where a limited diet is prescribed. There have been few radical changes of late in the realm of dietetics, with the exception of the achloride or "salt-free" diet for nephritics, which means the complete elimination of salt. To make food palatable and attractive for the patient is a task which requires much effort, and one where the responsibility rests entirely with the nurse.

In many cases, all nourishment given has to be carefully weighed, and an accurate account of the weight of the patient is kept. When large scales are not available, the following method of weighing bed patients has been devised. A standard bed is used, and the foot of the bed, with the patient in it, is lifted and rested on a block of wood, which is placed on the scales. The head of the bed is then weighed in the same manner, and the sum of these two weights gives a total to be used as a basis for determining comparative gains and losses.

The baking of rheumatic patients is a treatment which seems to be increasingly popular and conducive to excellent results. Several hospitals are equipped with very elaborate and complete apparatus for

this, and the extent of the treatment ranges from a single joint to the entire body. With each successive treatment the temperature and duration are increased, until from 300° to 350° Fahrenheit is reached and maintained for half an hour.

The newer methods have necessitated many changes in the work of the nurse, and have broadened her field in various directions. To enforce preventive measures is usually her work, and it is only with her hearty co-operation and loyal support that the physician can obtain his desired results. The present-day care of medical patients certainly affords many opportunities for satisfaction and pleasure to the nurse—to relieve pain, to reduce fever, to limit infection—this and much more has been made possible by the wonderful progress of the medical profession; and while we carry on our work and watch the splendid results of it all, we must needs agree with the patient who remarked that it surely is a marvellous thing, this “knowin’ whether to freeze ’em or to roast ’em,” in order to effect a cure.

THE CHANGING OUTLOOK OF NURSING

By L. L. DOCK, R.N.

Not long ago a nurse of great experience in the management of registries said to me: “The progress of public hygiene and rural sanitation is making a vast change in private duty; it used to be that private nurses had an active service every fall in typhoid fever, because the people who had been away to the country would all come home and have typhoid; now this is entirely changed, and typhoid fever is almost unheard of, comparatively speaking. There is no doubt that sanitation, glad as we all are to have it, is lessening the work of private nurses, and some of them are having a hard time.”

My reply was: “They must be directed into lines of preventive work, for calls for that kind of duty are going to increase as rapidly, or more rapidly, than calls for typhoid fever and other filth diseases in the past.”

There is a great deal that is very suggestive in the above remark. It points to a change that is quietly but irresistibly coming over the prospects for the future of the trained nurse. Thirty years ago, private duty was almost the only field open to her, except a small variety of hospital positions. To-day there is a bewilderment of openings, many of them calling vainly for her because she has not yet made quite ready for them.